North Star Plastic Surgery, LLC
562 University Ave, Suite 101
Fairbanks, AK 99709
Ph: (907)415-1884
Fax: (855)678-0909

No Show Policy

Cancellation of an Appointment

In order to be respectful of the medical needs of our Community, please be courteous and call promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. This is how we can best serve the needs of our Community. If it is necessary to cancel your scheduled appointment, we require that you call 24 business hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

How to Cancel Your Appointment

To cancel appointments, please call (907) 415-1884. If you do not reach the receptionist, you may leave a detailed message on the voicemail.

Late Cancellations

Late cancellations will be considered as a “no show”.

No Show Policy

A “no show” is someone who misses an appointment without canceling it 24 hours in advance of your scheduled appointment. No-shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your chart as a “no show”. When you “no show”, a letter will be sent alerting you to the fact that you have failed to show up for an appointment and did not cancel the appointment. A copy of the letter will be placed in your file. A fee of $50.00 will be charged to the credit card saved on your account. This fee will need to be paid in full before scheduling any further appointments. Three "no shows” in a 12-month period of time will result in discharge from the practice.

By signing below I acknowledge the following:

The “no-show” policy of North Star Plastic Surgery, LLC and agree to provide a credit card number, which may be charged $50.00 for any "no-show" of a scheduled appointment. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential "no-show" charge to the credit card provided.

If an active credit card is not provided or the charge is declined, $25.00 will be added to my balance and I understand that this fee will need to be paid before receiving any treatment by the provider or staff of North Star Plastic Surgery, LLC.

I understand that the no-show fee of $50.00 is its own charge and does not apply to any consultation fee, deductible, copay or other balance on my account.

Name_____

Signature_____ Date_____